Approved, SCAO STATE OF MICHIGAN PROBATE COURT **COUNTY OF** In the matter of Name of trust 1. Trust Settlor(s): 2. Original Trustee: _____ 3. Present Trustee: 4. Date(s) of trust instrument and any amendments: 5. This trust \square is \square is not

Name and address of other registration

Date

Attorney signature

Address

City, state, zip

Attorney name (type or print)

☐ 6. The trust is a testamentary trust created by Name

REGISTRATION OF TRUST

registered elsewhere.

testament was admitted to probate in the probate court of_____

	OSM CODE: TRU
FILE NO.	
	whose address is:
	, whose last will and
County,	State .

Do not write below this line - For court use only

Date

Address

Trustee signature

City, state, zip

_____ in the following manner: _____

Terms of the trust, including the subject matter, beneficiaries, and time of performance are:

Bar no.

Telephone no.

Telephone no.